

ATLANTA POLICE DEPARTMENT NEGOTIATOR TEAM AFTER ACTION REPORT

DATE: / /

INCIDENT#: - -

☐ HOSTAGE SITUATION

TYPE OF INCIDENT:

☐ BARRICADED GUNMAN

☐ SUICIDE

ADDRESS: _____

ZONE: **(SELECT)**

NAME OF BUSINESS: _____

TYPE OF LOCATION

☐ SINGLE FAMILY RESIDENCE
☐ RETAIL STORE OR COMPLEX
☐ PLACE OF WORSHIP
☐ SCHOOL
☐ HOSPITAL
☐ ABORTION CLINIC
☐ CONVENIENCE STORE
☐ OTHER: _____

☐ APARTMENT
☐ RESTAURANT
☐ HOTEL / MOTEL
☐ BANK
☐ AIRPORT
☐ GOVT. BUILDING
☐ OFFICE COMPLEX

ASSISTING OTHER SQUAD OR AGENCY: ☐ YES

☐ NO

AGENCY OR SQUAD ASSISTED: _____

TIME NOTIFIED: _____ **hours** TIME ARRIVED: _____ **hours** TIME IN SERVICE: **Blue**
Clear @ _____ hours

TOTAL TIME ON CALL: _____ **hours**

HOSTAGE NEGOTIATORS ON SCENE

MAJ. R.L. BROWNING

☐ TIME

OFC. Y. WHITENER

☐ TIME

LT. M. O'CONNOR

☐ TIME

OFC. F. ESQUILIN

☐ TIME

SGT. R. PETERSON

☐ TIME

OFC. D. JONES

☐ TIME

SGT. C. TYUS

☐ TIME

OFC. T. PROFIT

☐ TIME

INV. V. VELAZQUEZ

☐ TIME

OFC. J. BARMETTLER

☐ TIME

INV. S. R. BENTON

☐ TIME

OFC. J. SEAGLE

☐ TIME

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INV. P. APOIAN

☐ TIME

OFC. A. MORRISON

☐ TIME

INV. D. SUTTON

☐ TIME

HOSTAGE NEGOTIATORS COMMAND VEHICLE (**HNCV**)

☐ TIME

NUMBER OF HOSTAGES: ____ NUMBER OF SUSPECTS: ____ NUMBER OF SUSPECTS
ARRESTED: ____

NAME OF SUSPECTS/HOSTAGE TAKER

NAME: ____
NAME: ____
NAME: ____
NAME: ____
NAME: ____

() -
() -
() -
() -
() -

NAME OF HOSTAGES

NAME: ____
NAME: ____
NAME: ____
NAME: ____
NAME: ____

() -
() -
() -
() -
() -

WEAPONS RECOVERED: **(SELECT)**

NUMBER AND TYPE OF INJURIES: N/A ☐ ____

E.M.S. ON SCENE: **(SELECT)**

NEGOTIATOR OFFICERS INJURED: N/A ☐ ____

NEGOTIATOR EQUIPMENT USED: **(SELECT)** & **(SELECT)**

OTHER AGENCIES INVOLVED

FBI ☐
GBI ☐
☐
ATF ☐
DEA ☐

DEKALB CO. POLICE ☐
FULTON CO. POLICE ☐

MARTA POLICE ☐
GA. TECH POLICE ☐

COBB CO. POLICE ☐
CLAYTON CO. POLICE ☐

FEDERAL POLICE ☐
SECRET SERVICE ☐

OTHER ☐ ____

**ATLANTA POLICE DEPARTMENT
NEGOTIATOR TEAM
AFTER ACTION REPORT**

TIME PLAN PUT INTO ACTION: _____

TIME COMPLETED: _____

OFFENSE REPORT ATTACHED:

☐ YES

☐ NO

AFTER ACTION REPORT WRITTEN BY:

NAME: _____

DATE: / /

**ATLANTA POLICE DEPARTMENT
NEGOTIATOR TEAM
AFTER ACTION REPORT**

NARRATIVE: